

# Work Order ID 54340

December 8, 2009 8:48:19 AM



Page 1

Item ID: D3764-1

Accept



Setup Start



Revision ID:

Stop



Item Name: Back Leg Fitting

Start Date: 08/12/2009 Start Qty: 20.00



Cust Item ID:

Required Date: 16/12/2009 Req'd Qty: 20.00



Customer:

Reference:

Approvals:

Process Plan: *RL*

Date: *09-12-8*

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop



Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Draw  
Number

Draw  
Rev.

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

Draw Nbr

Revision Nbr

D3764

Rev B

100

0.00



BAND SAW

Bandsaw

Memo:

0.00

*SB 09/12/09*

*20*

*0*

Jeaspa Bandsaw

Cut blank 2.95" long

110

0.00



HAAS CNC VERTICAL MACHINING #1

HAAS 1

Memo

0.00

*SB 09/12/09*

*20*

*0*

HAAS CNC vertical machine #1

1- Mill as per Folio FA741 Rev: *AA* & Dwg D3764 Rev: *B* ☐ 2-Deburr per dwg D3764

120

0.00



QC2- Inspect parts off machine FAI/FAIB

QC

Memo

0.00

*SB 09/12/09*

*20*

*0*

Quality Control

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: D3764-1 PAR #: \_\_\_\_\_ Fault Category: Machined Parts NCR: (Yes) No DQA: [Signature] Date: 09.12.30  
 Resolution: Accepted Disposition: USE-AS-IS QA: N/C Closed: [Signature] Date: 09.12.30

| NCR: 54340 |      | WORK ORDER NON-CONFORMANCE (NCR)  |                                  |  |                         |                           |                                  |                          |
|------------|------|---|----------------------------------|--|-------------------------|---------------------------|----------------------------------|--------------------------|
| DATE       | STEP | Description of NC<br>Section A  | Corrective Action Section B      |  |                         | Verification<br>Section C | Approval<br>Chief Eng            | Approval<br>QC Inspector |
|            |      |   | Initial<br>Chief Eng             | Action Description<br>Chief Eng                          | Sign &<br>Date          |                           |                                  |                          |
| 09/12/10   | 110  | 12 parts, the hole are<br>oversize of .004"; .323"<br>Hole is drilled through<br>the solid block prior to<br>boring.<br>R.C. process. | CP<br>09.12.10<br>per<br>QSI 042 | Acceptable.<br><del>Primary strength of 15 through</del> | [Signature]<br>09/12/10 | SL<br>09/12/10            | CP<br>09.12.10<br>per<br>QSI 042 | [Signature]<br>09.12.10  |
|            |      |   |                                  |  |                         |                           |                                  |                          |
|            |      |   |                                  |  |                         |                           |                                  |                          |

NOTE: Date & initial all entries

**Work Order ID 54340**

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Item ID: D3764-1

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Item Name: Back Leg Fitting

Start Date: 08/12/2009 Start Qty: 20.00



Cust Item ID:

Required Date: 16/12/2009 Req'd Qty: 20.00



Customer:

Reference:

Run Start



Approvals:

Process Plan:

Date:

Tooling:

Date:

Stop



QC:

Date:

SPC (Y/N):

Date:

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run HoursDraw  
NumberDraw  
Rev.Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130

QC8- Inspect parts - second check

0.00

SL 09/12/14



QC

Memo

0.00

Quality Control

140

Chemical Conversion Coat per QSI005 4.1

0.00

12 09-12-14



HandFinish

Memo

0.00

Hand Finishing

20

150

QC3- Inspect Part Finish

0.00

M 09-12-15



QC

Memo

0.00

Quality Control

20

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries

**Work Order ID 54340**

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Item ID: D3764-1

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Setup Start



Revision ID:

Stop



Item Name: Back Leg Fitting

Start Date: 08/12/2009 Start Qty: 20.00



Cust Item ID:

Required Date: 16/12/2009 Req'd Qty: 20.00



Customer:

Reference:

Run Start



Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Stop



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run HoursDraw  
NumberDraw  
Rev.Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

160

Identify as per dwg & Stock Location St251A 0.00

MD 09/12/15

120

Packaging

Memo

0.00

Packaging

170

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

09/12/17

U 9-12-15

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries

# Picklist Print

December 8, 2009 8:48:24 AM

Page 1

Work Order ID: 54340

Parent Item: D3764-1

Parent Item Name: Back Leg Fitting

Comments:

Start Date: 08/12/2009

Required Date: 16/12/2009

Start Qty: 20.00

Required Qty: 20.00

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Remaining<br>Qty To Pick | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|--------------------------|---------------|----------------|--------|
| M6061T6B1.500X02.00<br>0        |                        | Purchased     | No          |                     |                  | 100             | f                  | 28.8947        | 5.2632                   |               |                |        |



6061-T6 Bar 1.50 x 2.00



Warehouse

Loc Qty

Loc Code

Location

Main Warehouse

MAT

28.8947

108877

11

110167

17.8947

5.2632

8/09/12/09

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

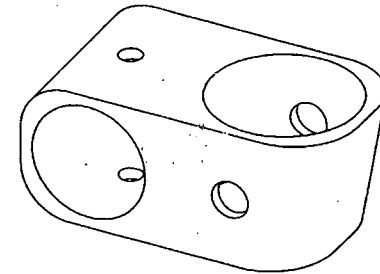
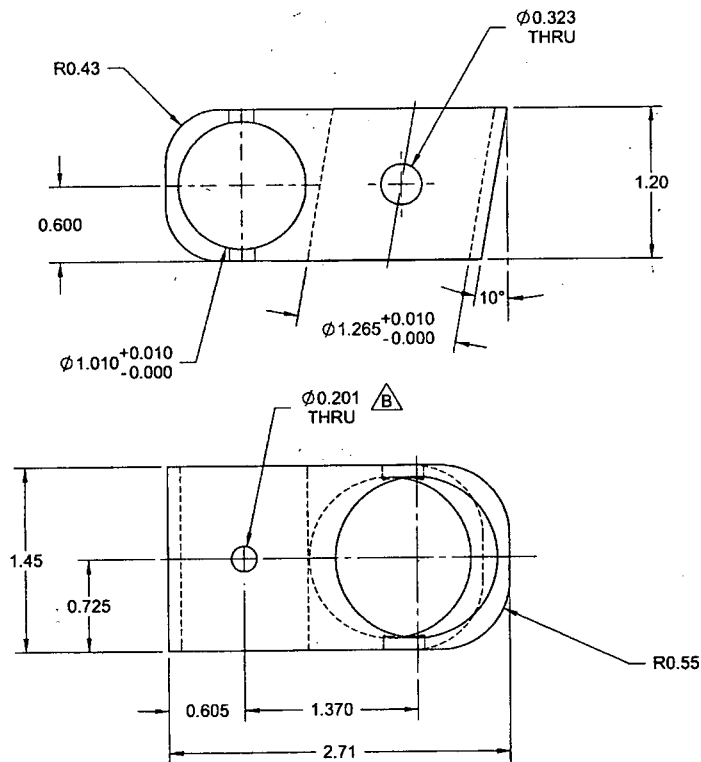
Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries







SHOWN  
REVIEW  
EXCISE  
UNCONTROLLED  
SUBJECT TO  
WITH  
WORK  
NO. 54340  
09-12-8

# **D3764-1 BACK LEG FITTING**

- NOTES:
- MATERIAL: 6061-T6 (OR 6061-T651/T6511/T62) ALUMINUM BAR PER AMS-QQ-A-225/8 (OR AMS 4117/4128/4115/4116) PER AMS-QQ-A-200/8 (OR AMS 4160) (REF. DART SPEC. M6061T6B)
  - FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
  - TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
  - UNITS: INCHES UNLESS OTHERWISE NOTED
  - BREAK SHARP EDGES: 0.005 TO 0.010 MAX
  - IDENTIFICATION: N/A
  - WEIGHT: 0.13 lbs

| B          | CHANGE HOLE SIZE TO 0.201 | HS | 08.06.10 |
|------------|---------------------------|----|----------|
| A          | NEW ISSUE                 | HS | 08.06.04 |
| REV.       | DESCRIPTION               | BY | DATE     |
| DESIGN     | HS                        |    |          |
| DRAWN      | HS                        |    |          |
| CHECKED    |                           |    |          |
| MFG. APPR. |                           |    |          |
| APPROVED   |                           |    |          |
| DE APPR.   |                           |    |          |
| DATE       | 08.06.10                  |    |          |

|  |                        |
|--|------------------------|
| <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA   |                        |
| DRAWING NO.<br><b>D3764</b>  | REV. B<br>SHEET 1 OF 1 |
| TITLE<br><b>BACK LEG FITTING</b>   | SCALE<br>NTS           |
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